

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
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1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

B A Y C A R E P H Y S I C I A N S P A C

ADDRESS (number and street)

1 6 4 N B R O A D W A Y

Check if different than previously reported. (ACC)

G R E E N B A Y W I 5 4 3 0 3 - 2 7 2 8

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 4 0 7 7 0 0

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11)
(Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12)
(Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

(c) 12-Day PRE-Election Report for the:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |
- Election on / / in the State of

(d) 30-Day POST-Election Report for the:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|
- Election on / / in the State of

5. Covering Period

04 / 01 / 2018 through 06 / 30 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer CHRIS AUGUSTIAN

Signature of Treasurer

Chris Augustian

Date

07 / 15 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BAYCARE PHYSICIANS PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2018

To:

M M M / D D D / Y Y Y Y
06 / 30 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2018		64,092.17
(b) Cash on Hand at Beginning of Reporting Period.....	68,719.90	
(c) Total Receipts (from Line 19).....	2,582.38	7,210.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	71,302.28	71,302.28
7. Total Disbursements (from Line 31).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	71,302.28	71,302.28
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	 	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	 	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

NOTATION: COLUMN B: 00224947

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

BAYCARE PHYSICIANS PAC

Report Covering the Period: From:

MM / DD / YYYY
04 / 01 / 2018

To:

MM / DD / YYYY
06 / 30 / 2018

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

1,595.23

4,603.49

(ii) Unitemized.....

987.15

2,606.62

(iii) TOTAL (add
Lines 11(a)(i) and (ii)).....▶

2,582.38

7,210.11

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs).....

(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

2,582.38

7,210.11

12. Transfers From Affiliated/Other
Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....

17. Other Federal Receipts
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

2,582.38

7,210.11

20. Total Federal Receipts
(subtract Line 18(c) from Line 19).....▶

2,582.38

7,210.11

NON-FEDERAL AND LEVIN FUNDS

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..		
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2,582.38	7,210.11
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2,582.38	7,210.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

NON-PROFIT ORGANIZATION

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BAYCARE PHYSICIANS PAC

A. Full Name (Last, First, Middle Initial)
BRADA, STEPHEN, A

Mailing Address
700 TERRAVIEW DR

City State Zip Code
GREEN BAY WI 54301

FEC ID number of contributing federal political committee.
C 00407700

Name of Employer Occupation
BAYCARE CLINIC, LLP PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4,606.49

Date of Receipt
06 / 22 / 2018

Amount of Each Receipt this Period
176.00

6/7/18 \$176.00
5/22/18 \$715.23
5/7/18 \$176.00
4/20/18 \$176.00
4/6/18 \$176.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C 00407700

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
06 / 22 / 2018

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.
C 00407700

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
06 / 22 / 2018

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ▶ **1,595.23**

TOTAL This Period (last page this line number only)..... ▶ **1,595.23**

NON-FUNCTIONAL COMPONENT

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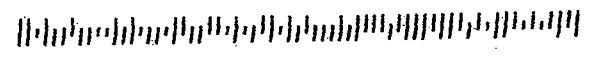
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FEDERAL ELECTION COMMISSION
999 E STREET, NW
WASHINGTON, DC 20463

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Federal Election Commission
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<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/18/2018
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
PREPARER <i>MP</i>	7/23/2018 DATE PREPARED